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Date: September 14, 2005

Please Deliver To:

Name: Examiner Russell Warren Frejd

Art Unit: 2128

Fax: 571-273-8300

Serial No. 09/449,773

Client/Matter #: 12729-77

From: Phillip A. Shipley

Total pages including cover page: 12

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Facsimile Transmittal (1 pg.)

Track and Confirm (1 pg.)

Amendment with related documents as filed June 24, 2004 (10 pgs.)

Examiner Frejd,

Per our conversation, please note the attached.

Regards,

Phillip A. Shipley

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STAMP ON THIS CARD AND PLACE SAME IN THE OUTGOING MAIL TO
SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED.

Atty Dkt. No.: 13DV-13092 (12729-77)

Inventors: Adibhatla et al.

Serial No.: 09/449,773

Filed: November 26, 1999

For: METHOD AND APPARATUS FOR MODEL BASED DIAGNOSTICS

Enclosed:

- Amendment in Response to the Office Action dated March 24, 2004 (6 pgs.)
- Amendment Transmittal (3 pgs., *in duplicate*)
- Return post card

RBR/ddd

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PATENT

Attorney Docket No.: 13DV-13092

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Adibhatla et al.
Serial No.: 09/449,773
Filed: November 26, 1999
For: METHODS AND APPARATUS FOR
MODEL BASED DIAGNOSTICS

Group No.: 2128
Examiner: Frejd, Russell
Warren

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
- Amendment in Response to the Office Action dated March 24, 2004 (6 pgs.)
 - Amendment Transmittal (3 pgs., *in duplicate*)
 - Return post card

STATUS

2. Applicant
- ☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

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AMENDMENT, Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450.
Date: June 24, 2004

FACSIMILE
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Office


Robert B. Reeb, Reg. 45,548

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ First month | \$ 110.00 | \$ 55.00 |
| _____ Second month | \$ 400.00 | \$ 200.00 |
| _____ Third month | \$ 920.00 | \$ 460.00 |
| _____ Fourth month | \$1,440.00 | \$ 720.00 |
| _____ Fifth month | \$1,960.00 | \$ 980.00 |

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|---|--|---|---------------------------------------|------------------|----------------------------|----|----------------------------|
| | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | | ADDITIONAL RATE FEE |
| TOTAL | | MINUS | | - | x \$9 = \$ | | x \$18 = \$ |
| INDEP. | | MINUS | | - | x \$42 = \$ | | x \$84 = \$ |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$130 = \$ | | + \$280 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

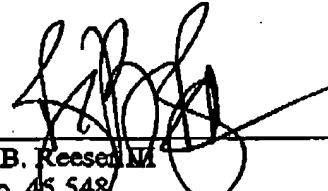
5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$ _____
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


 Robert B. Reesen
 Reg. No. 45,548
 ARMSTRONG TEASDALE LLP
 One Metropolitan Square, Suite 2600
 St. Louis, MO 63102
 314/621-5070

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13DV-13092
PATENT

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Serial No.: 09/449,773

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For: METHOD AND APPARATUS FOR MODEL BASED
DIAGNOSTICS

Art Unit: 2128

Examiner: Frejd, Russell W.

AMENDMENT

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 24, 2004, Applicants respectfully request consideration and entry of the following amendment.

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